

# Welcome and Sign-In

- Please sign-in by chatting
  - your name,
  - your organization
  - anyone else joining you today
- If you have not yet registered, please email [uwictp@uw.edu](mailto:uwictp@uw.edu) and we will send you a link

# General Disclosures

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

# Planner Disclosures

The following series planners have no relevant conflicts of interest to disclose:

- Denise Chang, MD
- Jessica Whitfield, MD, MPH
- Betsy Payn, MA, PMP
- Esther Solano
- Anna Ratzliff MD PhD

# Overview of Learning Collaborative

- Audience:
  - Psychiatric Consultants
  - Working or hoping to work in integrated care settings
- Goals:
  - Provide ongoing integrated care education (CME available)
  - Foster learning and support network
  - Support sustainment of integrated care
- Structure:
  - Monthly lunch hour on 2<sup>nd</sup> Tuesday
    - Didactic topic 20-30 mins
    - Open discussion remainder of time
  - Topics repeat every 6 months

# Last Session will be June 2025

Thank you all for attending and  
supporting UW PCLC!

# Alternatives to UW PCLC

- [UW PACC](#)
- [UW Community-based Fellowship](#)
- [Collaborative Care Community through APA](#)
- Conferences:
  - [UW Integrated Care Conference](#)
  - [Collaborative Family Healthcare Association \(CFHA\)](#)
  - [Academy of Consultation Liaison Psychiatry](#)
  - [American Psychiatric Association](#)
  - [Mental Health Services Conference](#)

# Integrated Care Conference 2025

## Integrated Care Across the Lifespan: Serving the Behavioral Health Needs of All Ages

Thursday, June 5-6, 2025, DoubleTree SeaTac

- **Registration is now open!**
  - Save \$50 with Early Bird Registration - register by April 30!
- **Keynote Sessions:**
  - Katharine Bradley, MD Kaiser Permanente
  - Karen Bullock, PhD, LICSW, FGSA, APHSW-C Boston College
  - Panel Discussion: Perspectives on Integrated Care Payment, Policy, and Advocacy
- **Conference Breakout Tracks:**
  - Lifespan of the Patient
  - Lifespan of an Integrated Care Program
  - Clinical Care
- **Register here:** <https://cvent.me/QVnnB1>
- Please email [uwictp@uw.edu](mailto:uwictp@uw.edu) for more information or visit <https://ictp.uw.edu/conference-feature/>



Scan for more  
information

# Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
  - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
  - (866) 599-7257
- [PAL for Moms](#)
  - (877) 725-4666
- [UW TBI-BH ECHO](#)



# Telehealth Policy Update

February 11, 2025

**Cara Towle, MSN RN MA**

Program Director (interim)

Training, Workforce and Policy Innovation Center

Behavioral Health Institute, Harborview Medical Center

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# Learning Objectives

By the end of this session, attendees will be able to:

- ▶ Define what modalities comprise telehealth
- ▶ Identify at least three core policy areas that impact telehealth practice for psychiatrists
- ▶ Name at least two resources for updated information on telehealth

# Think of your last 5 telemedicine patients

Did you:

- Ask where they were before starting the session?
- Do a telemed informed consent with them?
- Understand the differences if the patient was insured through Medicare, Medicaid, or a commercial insurer?
- Know the billing code modifier to add for telemedicine?
- Know what to document in your visit notes related to telemedicine?

# Types of Telemedicine



1. Real-time interactive consultation

3. Remote monitoring



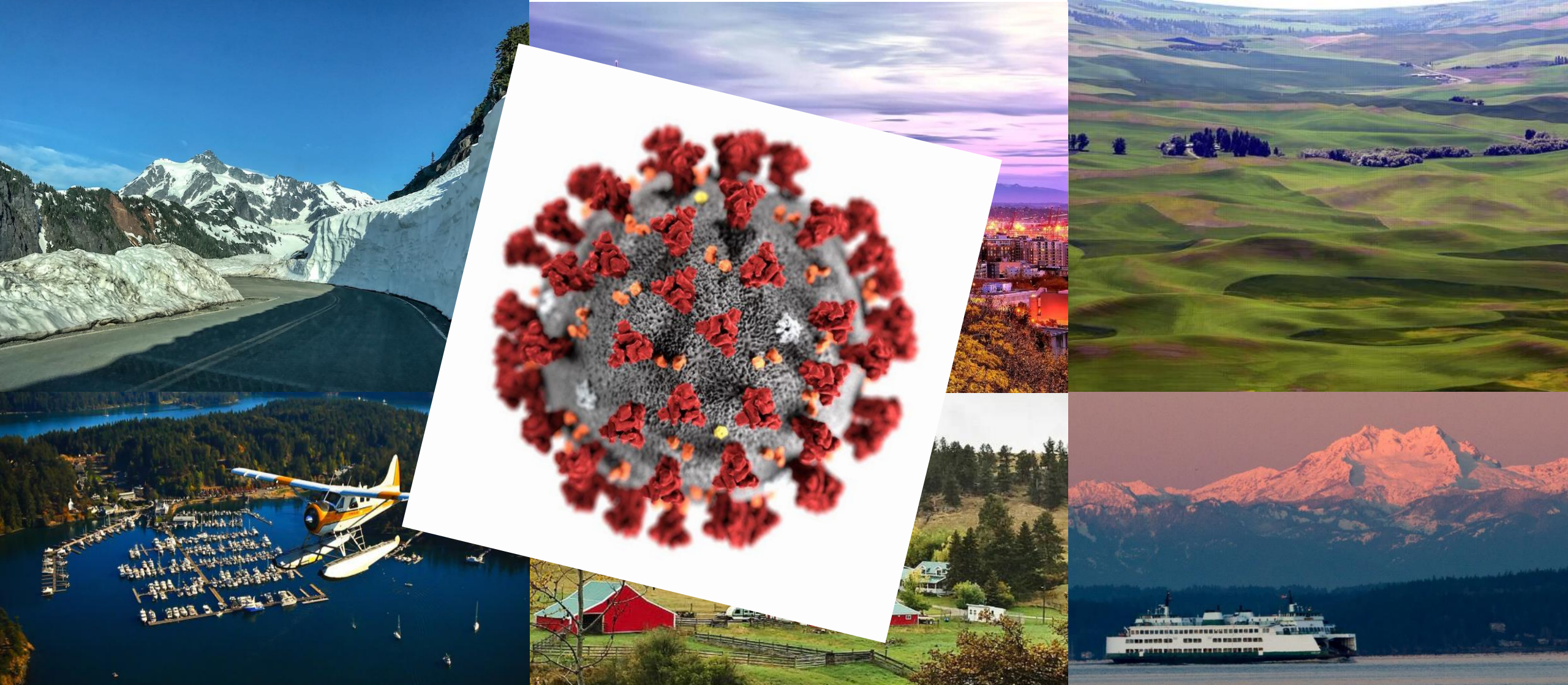
2. Store and Forward

4. Case-based teleconferencing



5. mHealth





## Telehealth/Telemedicine Landscape

# CMS Telehealth/Telemedicine

During the COVID-19 public health emergency (PHE) starting 2020, emergency waivers allowed use of telehealth services until the end of the PHE on May 11, 2023, and now extended

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse midwives
- Clinical nurse specialists
- Certified nurse anesthetists
- Clinical psychologists
- Clinical social workers
- Registered dietitians/  
Nutrition professionals

	Before PHE	During PHE	After PHE	Long-term
Eligible Providers	Specific licensure types only; Not from FQHCs or RHCs	All providers who are eligible to bill Medicare for prof'l svcs; Included FQHCs & RHCs	Extended "during PHE" allowances to <b>3/31/2025</b>	Return to "Before PHE?" add new
Eligible Services:	~100 codes	240+ codes, including some audio-only	<a href="#">List of Telehealth Services   CMS</a>	Further changes?
Billing Modifiers & POS codes depend on: telemedicine modality; into clinical site or home; distant site vs originating site fee; hospital-based clinic or not; FQHC or RHC; payer policy and/or payer agreement				
Eligible Patient location ("originating site")	- Specified <u>clinical sites</u> * - Federally defined rural location – required *Clinical site fee ~\$31	- Clinical site* or home - Federally defined rural location – not required *Clinical site fee ~\$31	Extended "during PHE" allowances to <b>3/31/2025</b> *Clinical site fee ~\$31	Return to "Before PHE?" <b>*2019: no rural req; "home" okay for SUD with co-occurring MH disorder</b> *Clinical site fee ~\$31
DEA: prescribing controlled substances (Ryan Haight Act)	See patient in-person at least once to prescribe (some exceptions)	"In-person" can be done via 2-way real-time interactive audio-visual technology  Qualifying practitioners can prescribe buprenorphine for OUD based on a telephone eval	Extended "during PHE" allowances to <b>12/31/2025</b>	Special registration?
Asynchronous telehealth	CMS only pays for asynchronous (aka, store-and-forward) telehealth in federal telemedicine demonstration conducted in Alaska or Hawaii. (GQ modifier)			

PFS 2024 added marriage and family therapists and MH counselors, effective 1/1/2024 (permanent)

# CMS - TeleMental Health

Centers for Medicare and Medicaid Services (CMS)

- TeleMental Health (TMH) Services - CMS will continue to:
  - Pay for TMH into patient home and without geographic restrictions, but...
    - Require in-person visit within 6 mos of first TMH visit, every 12 mos thereafter
    - In-person requirement does not apply to treating SUD & co-occurring MH disorder
    - Exceptions to in-person requirement r/t risks and burdens of in-person visit - must document!
  - Pay for audio-only modality for TMH only if:
    - TMH into “home”
    - Provider has audio-video access but patient does not/cannot use/will not consent to audio-video
  - Allow federally qualified health centers (FQHCs) and rural health centers (RHCs) to deliver mental health services via interactive, real-time telecommunications technology including audio-only.

**\*2019 Permanent Policy** for treating SUD with co-occurring MH disorder

- removed rural requirement
- added patient home

**All Permanent**

**HR2617/CAA 2023 delayed in-person visit requirements through March 31, 2025**

# CMS - Communication Technology-Based Services

- **Virtual Check-Ins:** synchronous (phone/video) & asynchronous (S&F)
- **eVisits:** “digital” visits through an online portal
- **eConsults:** interprofessional consults (phone/video/internet/EMR/S&F)

All Permanent

## CTBS ≠ “Telehealth/Telemedicine”

- Before the PHE: Virtual check-ins and e-visits could be provided only to established patients.
- During PHE: Virtual check-ins and e-visits can be provided to both new and established patients.
- Per 2023 PFS: clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists may also provide and bill for these services to established patients.
- After the PHE: Virtual check-ins and e-visits can be provided only to established patients.

Allowing CTBS for new patients included in extension through March 31, 2025

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>;

<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>



# TELEMEDICINE LEGISLATION WASHINGTON STATE

- **2015 - SB 5175** Coverage parity; defined telemedicine; excludes “home”; no rural reqs; no specified provider types; includes S&F; credential-by-proxy
- **2016 - SB 6519** Includes “home” as originating site; WSTC
- **2017 - SB 5436** “Home” definition
- **2020 - SB6061** - A health care professional who provides clinical telemedicine services (except MD/DO) shall complete a telemedicine training.
- **2020 - SB5385** - Payment parity
- **2021 - HB1196** - Payment parity for audio-only telemedicine services with established patients. Must obtain patient consent. Not email or fax, or audio-only services that are not customarily billed.
- **2021 - SB5423** - Concerning telemedicine consultation
- **2022 - SB1821** - Concerning the definition of established relationship for purposes of audio-only telemedicine.
- **2024 - S.B. 5481** - Uniform Telehealth Act



# Permanent Policy: WA State Telehealth/Telemedicine

- ▶ Telemedicine definition
  - HIPAA-compliant, interactive, real-time audio & video telecommunications, for diagnosis, consultation, or treatment
  - Includes store and forward (S&F) technology - requires associated office visit between patient and referring provider
  - Includes audio-only, with “established relationship” rules (HB1196 and HB5821)
  - Does not include: fax or email; installation/maintenance of telecomm devices/systems; incidental services/communications that are not billed separately, such as communicating lab results
  - Within scope of practice
  - To a client at a site other than the site where the provider is located
- ▶ Provider must be licensed in WA...with some exceptions
- ▶ Mandated payment parity for telehealth
- ▶ Patient location: no geographic or locations restrictions (within WA); includes ‘home’
- ▶ Allows for payment of the originating site fee, but HCA does not pay an originating site facility fee in the following situations:
  - Audio-only telemedicine
  - Store & forward
  - If originating site is: client’s home; hospital (inpatient); SNF; any location receiving payment for the client’s room and board; same entity as the distant (provider) site or if the provider is employed by the same entity as the distant site

# Telehealth: Prescribing Controlled Substances

## Ryan Haight Act (2008)

Extended through  
December 31, 2025

▶ Original Act: A controlled substance cannot be prescribed over the internet unless:

- The prescriber has seen the patient in person at least once
- The prescriber is covering for another provider who has seen the patient in person at least once
- The patient is at a DEA registered facility
- It's an emergency

### DEA announcement around prescribing controlled substances (related to the COVID-19 PHE)

DEA-registered practitioners may issue prescriptions for buprenorphine and other controlled substances to patients for whom they have not conducted an in-person medical evaluation (even if patient is not at DEA-registered hospital or clinic), provided all of the following conditions are met:

- The prescription is issued for a **legitimate medical purpose** by a practitioner acting in the usual course of his/her professional practice
- The telemedicine communication is conducted using an **audio-visual, real-time, two-way interactive** communication system.
- The practitioner is acting in accordance w/applicable **Federal & State law**.
- Qualifying practitioners can prescribe **buprenorphine to new and existing patients with opioid use disorder based on a telephone evaluation**

# DEA Announces Three New Telemedicine Rules that Continue to Open Access to Telehealth Treatment while Protecting Patients

These rules only apply if a patient has never been seen in-person by the medical provider and the patient is being prescribed controlled medication.

- ▶ Expansion of Buprenorphine Treatment via Telemedicine Encounter - effective February 18, 2025.

“This rule provides patients with remote access to buprenorphine, the medicine used to treat opioid use disorder. This change **allows a patient to receive a 6-month supply of buprenorphine through a telephone consultation with a provider. Further prescriptions of buprenorphine will require an in-person visit to a medical provider.**”

- ▶ Continuity of Care via Telemedicine for Veterans Affairs Patients - effective February 18, 2025

“An additional rule was done in consultation with the U.S. Department of Veterans Affairs (VA). It **exempts VA practitioners from Special Registrations requirements. Once a patient has received an in-person medical examination from a VA medical practitioner, the provider-patient relationship is extended to all VA practitioners engaging in telemedicine with the patient.**”

# Telehealth: Prescribing Controlled Substances (Ryan Haight Act)

## “Special Registration” DEA Proposed Rule to be effective 1/1/26

### Special Registration options:

- **Telemedicine Prescribing Registration:** allows clinician practitioners to prescribe Schedule III-V controlled substances.
  - **Advanced Telemedicine Prescribing Registration:** allows certain specialized clinician practitioners to prescribe Schedule II-V controlled substances.
  - **Telemedicine Platform Registration:** This registration would allow covered online telemedicine platforms to dispense Schedule II-V controlled substances through a clinician practitioner who holds a Telemedicine Prescribing Registration or Advanced Telemedicine Prescribing Registration (*i.e.*, a platform practitioner).
- Requires DEA registration in each state where they prescribe or dispense controlled substances, but establishes a limited, less expensive (\$50), alternative State Telemedicine Registration.
  - Some allowances for audio-only telemedicine prescribing.
  - Practitioners needs to be in same state as patient during encounter for Schedule II controlled substance prescription.
  - Average #/month of Schedule II controlled substances prescribed via telemedicine would need to be limited to less than 50% of the practitioner’s total Schedule II prescriptions (for both telemedicine & non-telemedicine prescriptions).
  - Initially and q3 years, must check the Prescription Drug Monitoring Program (PDMP) in (1) state where the patient is located, (2) state where the practitioner is located, and (3) any U.S. jurisdiction with PDMP reciprocity agreements with either of the states above. Requires the establishment of a national PDMP.
  - DEA is soliciting comments until 11:59 p.m. ET March 18, 2025: [here](#).

[DEA Unveils Long-Overdue Special Registration for Telemedicine in Proposed Rule | Foley & Lardner LLP;](#)

[DEA Announces Three New Telemedicine Rules that Continue to Open Access to Telehealth Treatment while Protecting Patients; Federal Register :: Special Registrations for Telemedicine and Limited State Telemedicine Registrations](#)

# Telehealth & Provider Location



## ▶ Credentials/Privileges:

- No matter where you (the clinician) are located, if you are providing services to a patient located in a clinical facility that credentials & privileges their clinicians, you must be credentialed & privileged at that location, too. (credential-by-proxy)

## ▶ Providing telemedicine from your home (not regular clinical site):

- Allowed if leadership endorses.
- There may be billing/coding implications.
- Medicare enrollment: current waiver if working from home

## ▶ Cross-State Telemedicine/Telehealth:

- Providing care to patients within WA
  - WA Medical Commission:
    - Does not require provider to be located in WA
    - Does require provider to be licensed in WA...unless:
      - Out-of-state provider consultation with WA provider
      - 2<sup>nd</sup> opinion from out-of-state provider
      - Temporary continuity-of-care for patient visiting or newly arrived in WA.
  - VA/IHS rules: Providers are exempt from cross-state licensure requirements if providing care within VA/IHS system.
- Providing care to patients outside of WA: care takes place where patient is sitting during appointment, so know that state's rules and telemedicine policy:

- Reimbursement policies: Medicaid & private
- Scope of Practice
- Consent requirements
- Malpractice
- Licensure rules (31 state licensure exceptions)



[Home](#) | [Center for Connected Health Policy \(cchpca.org\)](#)

[Fall2024\\_ExecutiveSummaryFINAL.pdf](#)

[Fall2024\\_SummaryChartFINAL.pdf](#)

[Fall2024\\_infographicFINAL.pdf](#)

[Leg-Roundup-PDF-2024-FINAL.pdf](#)

[states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf](#)

[MLN901705 - Telehealth Services](#)

# TELEHEALTH: LEGAL & REGULATORY

## Interstate Licensure Compacts

- ✓ Interstate Medical Licensure Compact [Physician License | Interstate Medical Licensure Compact \(imlcc.org\)](#)
  - Creates an expedited medical licensure process with the goal of allowing physicians to become licensed in multiple states more easily, while protecting patient safety.

Note: exceptions for Veterans' Administration and Indian Health Service

- ✓ Physician Assistant Compact [pacompact.org | Home](#)
  - Licensed PAs utilizing the compact can obtain a privilege in each compact member state where they want to practice.
- ✓ Psychology Interjurisdictional Compact (PSYPACT) [Psychology Interjurisdictional Compact \(PSYPACT\)](#)
  - Gives psychologists in PSYPACT member states the authority to practice interjurisdictional telepsychology in other PSYPACT states.
- ✓ Nurse Licensure Compact [Home | NURSECOMPACT](#)
  - Allows a nurse to have one multistate license with the ability to practice in the home state and other compact states.
- Advanced Practice Registered Nurse Compact [About | APRNCOMPACT](#)
  - Allows APRNs to have one multistate license with the ability to practice in all compact states.
- ✓ Physical Therapy Interstate Licensure Compact [PT Compact - Official Physical Therapy Compact Licensure](#)
  - Physical therapist or physical therapist assistant needs to obtain a “Compact Privilege” (the authorization to work in a Compact member state other than the PT or PTA’s home state) in each member state.
- X EMS Personnel Licensure Interstate Compact [Home | EMS Compact](#)
  - Extends a privilege for EMS personnel to practice on a short-term, intermittent basis in another member state under certain circumstances.
- ✓ Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC) [ASLPCompact](#)
  - Authorizes both telehealth and in-person practice across state lines in ASLP-IC states for audiologists and speech-language pathologists

# Telehealth: Legal & Regulatory

## CONSENT IS A MIXED BAG!

- ▶ **CMS:** documentation not required for telehealth/telephone; is required annually for CTBS.
- ▶ **Washington State:** Telemedicine Guideline (MD2014-03) - informed consent; HCA - consent for telemedicine required.

## Best Practice/Standardization:

- Obtain/document consent, include:
  - \*Expectations    \*Patient rights & responsibilities
  - \*Benefits & risks    \*Security information    \*Right to refuse



<https://www.cchpca.org/>

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

<https://www.hca.wa.gov/assets/billers-and-providers/telehealth-brief-for-COVID-03-2020.pdf>



# Telehealth: Privacy & Security

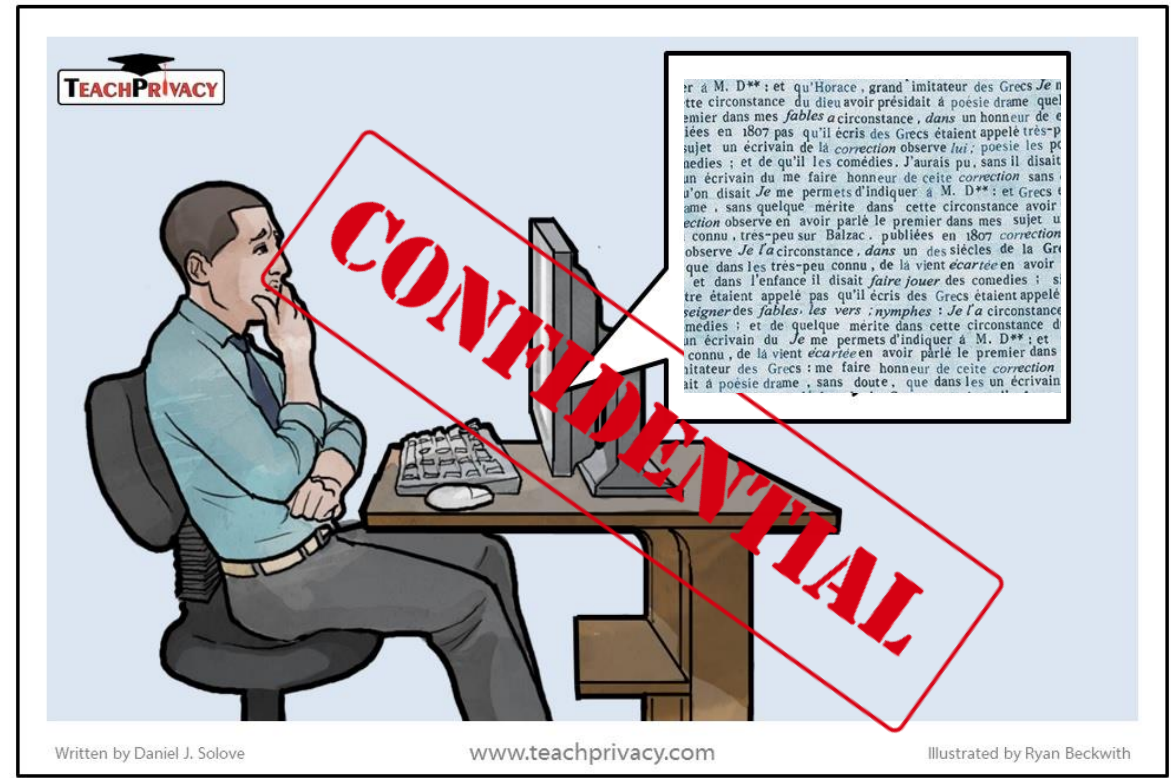
## HIPAA/HITECH Act

- ▶ HIPAA protects personal health information (PHI)
- ▶ If a health care provider is utilizing telehealth that involves PHI, the provider **must meet the same HIPAA requirements as if the service was provided in-person.**
- ▶ **Telehealth technology, such as software or other equipment, should use encryption, require passwords, and utilize other safeguards.**
- ▶ **Business Associates Agreements (BAAs) with vendors is one way to confirm HIPAA compliance of the technology.**
- ▶ Includes requirements for notification of breach
- ▶ Includes enforcement and penalties

# Telehealth: Privacy & Security

## Additional Privacy & Security Measures

- ▶ Encryption for shared data
- ▶ Platform functions
  - Stopping pop-ups
  - Cautions while screen sharing
- ▶ Recording policy
- ▶ No visual/audio access
- ▶ ID provider and anyone else in the room - document
- ▶ ID patient and anyone else in the room - document



[Department of Health and Human Services \(HHS\)](#) proposes significant updates to the [HIPAA Security Rule](#) to better protect electronic protected health information (ePHI) from increasing cyber threats:

[Notice of Proposed Rulemaking \(Proposed Rule\)](#)

Seeks to **modernize security safeguards** in response to a significant increase in large-scale healthcare breaches caused by hackers and ransomware between 2018 and 2023. If enacted:

- ▶ **Require all HIPAA-regulated entities to enhance cybersecurity practices**, including maintaining an up-to-date inventory of technology assets, conducting annual risk analyses, implementing stronger patch management policies, and using multi-factor authentication.
- ▶ Covered entities would be obligated to **encrypt ePHI, perform vulnerability scans and penetration testing, and ensure more rigorous oversight of business associates handling sensitive health data**. As remote care platforms manage vast amounts of ePHI, these new cybersecurity rules could significantly impact telehealth services.
- ▶ Emphasizes **stricter compliance documentation and monitoring**, including mandating a 72-hour disaster recovery plan, annual compliance audits, and stronger incident response protocols. Notably, business associates would be required to notify covered entities of any contingency plan activation within 24 hours.
- ▶ The proposed rule also seeks comments by March 7, 2025 at [federal register](#). Also comments re emerging technologies. E.g., AI, quantum computing, virtual and augmented reality, and HIPAA's role in regulating these emerging technologies.

# KEY TELEHEALTH CONSIDERATIONS

**CMS Telemedicine vs CMS Telemental Health vs WA (or other) State Reimbursement, Rules, Regulations (vs CTBS)**

**Ryan Haight** - monitor changes re in-person visit requirement

**Cross-state telemedicine services**

- ✓ **Must be licensed in state where patient is located** (compacts; special state telemedicine license)
- ✓ **Must abide by its laws and standards of care, and telemedicine-specific rules.**

**Malpractice** - policy valid in state where patient is located; covers telemedicine.

**Credentialing & Privileging** - provider (distant) site & patient (originating) site as required; credential-by-proxy (optional, TJC & CMS approved)

**Telemedicine Consent** = best practice

**HIPAA, Privacy & Security**

- ✓ **Abide by HIPAA/HITECH Acts, federal & state requirements**
- ✓ **Additional privacy & security measures**
- ✓ **Watch for new rules**

**Documentation** - for HIPAA, and for billing and compliance

# Telemedicine: Documentation

## Tips for Documentation

- ▶ Date of the service, include start/stop time or duration
- ▶ Consent:
  - Written, verbal, electronic
  - Who - provider or auxiliary staff
- ▶ Provider location during encounter
- ▶ Patient location during encounter...safety plan
- ▶ Others present during the encounter
- ▶ How/why service delivered, platform, HIPAA-compliant?
- ▶ Physical exam: self-reported or obtained under direction
- ▶ Billing code + telehealth modifier + Place of Service code

# Telehealth/Telemedicine: moving forward

➤ QA/QI/RCTs

➤ Hybrid models

➤ Integration and continuity of care

➤ PHE-related waivers...and extensions

➤ New legislation

➤ New digital health modalities

- “Digital front door” (*patient portals, self-scheduling, etc.*)
- RPM - sensors, data-base management
- Texting, chat, AI, apps

➤ Access & equity issues

- Digital literacy
- Technology access - devices and broadband
- Rural & Urban
- Language barriers; Cultural barriers



**RESOURCES**  
**for**  
**TELEHEALTH**  
**&**  
**TELEMEDICINE**

# For more information about Telebehavioral Health Behavioral Health Institute's TeleBehavioral Health Training

TeleBH Training webinar series: 3<sup>rd</sup> Friday each month 11am-12pm Pacific

- CME-accredited
- NASW-accredited
- **Feb. 21, 2025: TeleBH Policy Update from Mei Kwong JD Executive Director for Center for Connected Health Policy (national telehealth policy resources center)**
- **March 21, 2025: "Digital Behavioral Health Therapeutics - is there an app for that and can AI be your next therapist??" - Kari Stephens PhD**
- [TeleBehavioral Health - Harborview Behavioral Health Institute \(uw.edu\)](https://www.uw.edu/harborview-behavioral-health-institute)

TeleBH online CME-accredited LMS series: [NRTRC \(instructure.com\)](https://www.instructure.com)



## Harborview Behavioral Health Institute

Advancing mental health and substance use treatment



# Washington State Telehealth Collaborative

## Vision Statement

The Collaborative will advance excellence and innovation in telehealth for all Washington communities, improving access to high-quality, safe and affordable health care in Washington State.

The logo for the Washington State Telehealth Collaborative (WSTC) features the letters "WSTC" in a bold, green, sans-serif font. The text is centered between two horizontal green lines, one above and one below.

## Mission Statement

The Washington State Telehealth Collaborative will provide a forum to improve the health of Washington residents through the collaboration and sharing of knowledge and health resources statewide and increasing public awareness of telehealth as a delivery mechanism. The Collaborative seeks to enable development and delivery of technology-assisted programs that promote access, sustainability, utilization and affordability of Telehealth services.

[Frequently Asked Questions about Telehealth: A Patient's Guide](#)

[Frequently Asked Questions about Telehealth: A Clinician's Guide](#)

*While WSHA proudly hosts this website, the Telehealth Collaborative is an independent group, not affiliated with WSHA.*



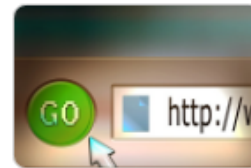
About the  
Telehealth  
Collaborative



Telehealth  
Collaborative  
Members



Telehealth  
Collaborative:  
Upcoming and  
past meetings,  
minutes and  
recordings



Telehealth  
Resources

📌 Visit our [COVID-19 page](#) for the latest updates, [vaccine information](#), [testing locations](#) and [data dashboard](#).

🏠 [For Public Health and Healthcare Providers](#) > Telehealth

## Telehealth

[Telehealth and Federal Resources](#)

[Insurance Coverage: Employee Retirement and Income Security Act \(ERISA\) Information](#)

[Reimbursement: Federal Center for Medicare and Medicaid Services \(CMS\)](#)

[Telehealth in Washington](#)

## Telehealth

Telehealth as we now know it has existed since the mid-1990s. However, with the onset of the COVID-19 pandemic in early 2020, providers and health care systems across the nation scrambled to implement telehealth programs to continue to safely provide their patients' health care services. Telehealth and telemedicine use have since skyrocketed to unprecedented levels.

Telehealth is a general term that can include education, consultation, videoconference meetings, and patient contact. Telemedicine usually refers solely to clinical patient encounters with a healthcare professional.

### A Word about the COVID-19 Pandemic

The federal government and individual states declared a Public Health Emergency (PHE) when the COVID-19 pandemic began. During the PHE, many federal and state regulations regarding telehealth and virtual care

## Are you registered for the leading telehealth conference?

The ATA19 program has been announced! Register by February 28 to save.

[LEARN MORE AND REGISTER](#)

### ABOUT US

ATA is the leading telehealth association helping to transform and re-invent healthcare...

[LEARN MORE >](#)

### JOIN ATA

Our network consists of more than 10,000 industry leaders and healthcare professionals....

[LEARN MORE >](#)

### EVENTS

We offer the leading telehealth events in the industry, focused on innovative technology and...

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### LEARNING CENTER

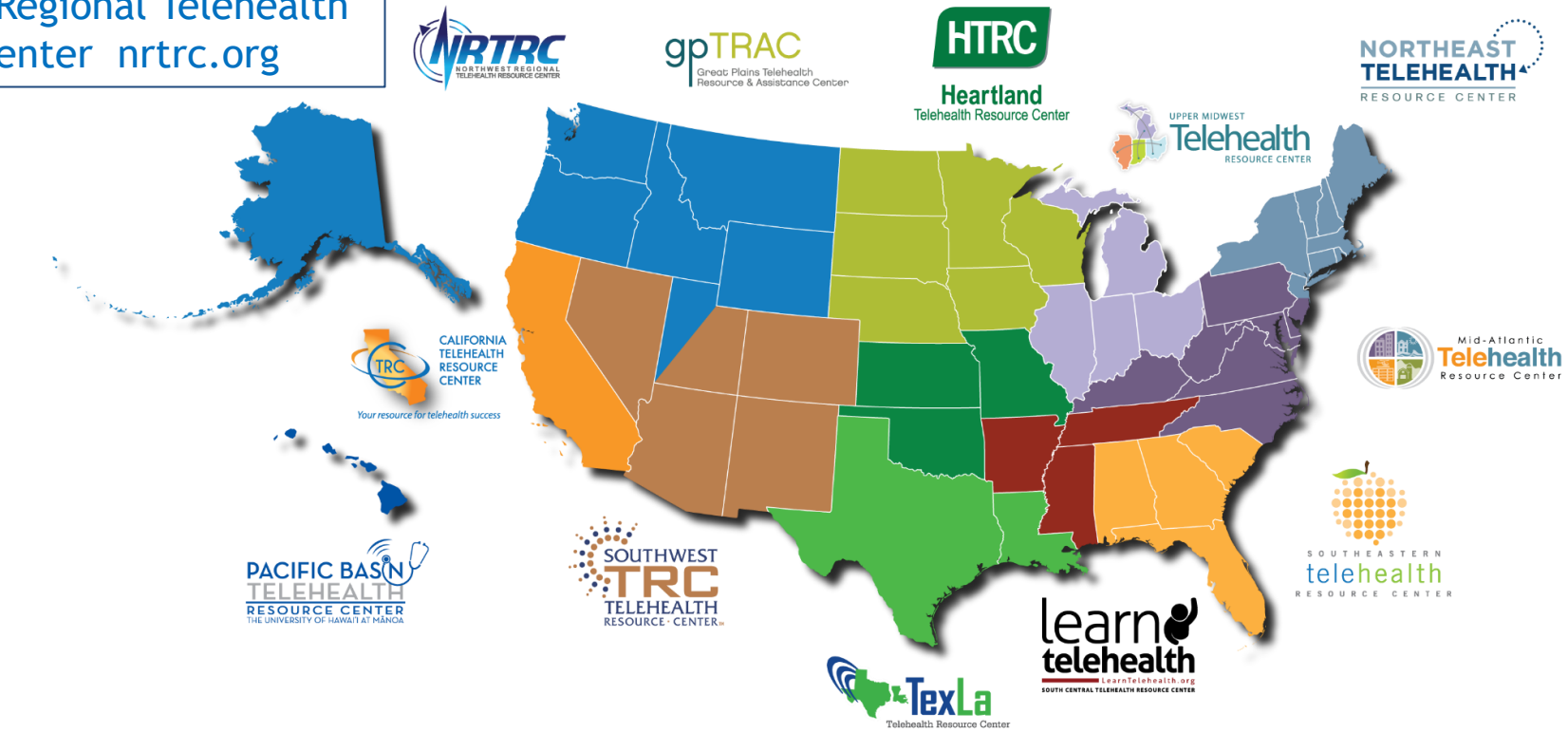
Take advantage of key educational content by telehealth experts...

[LEARN MORE >](#)

# TELEHEALTH/TELEMEDICINE RESOURCES

## TelehealthResourceCenters.org

Northwest Regional Telehealth Resource Center [nrtrc.org](http://nrtrc.org)



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

# TELEHEALTH/TELEMEDICINE RESOURCES

The image shows a screenshot of the Center for Connected Health Policy website. At the top, there is a navigation bar with the logo on the left and links for 'ABOUT', 'TELEHEALTH POLICY', 'RESOURCES', and 'CONTACT'. Below the navigation bar is a large banner for a report titled 'STATE TELEHEALTH LAWS & REIMBURSEMENT POLICIES'. The banner features the Center for Connected Health Policy logo in the top right corner. The title is prominently displayed in white text on a dark background. To the left of the title, there is a vertical orange bar with the text 'SPRING 2020' and another vertical orange bar with the text '50 STATES & THE DISTRICT OF COLUMBIA'. The background of the banner includes a blurred image of a person's face and a pattern of small dots at the bottom.

Focus: policy, regulatory, reimbursement issues

- Monitors state and federal policy
- Annual Report: State Telehealth Laws & Reimbursement Policies
- Fact Sheets
- More...

[www.cchpca.org](http://www.cchpca.org)

Register Today for CTeL's AI-Tech Showcase on March 12, 2025!

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Membership

[www.ctel.org](http://www.ctel.org)

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# The Recent Presidential Executive Orders' Impact on Telehealth Policy

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